

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for Class C Charter Certificate from
Style MB LLC dba Ride in Style

POSTED
JUL 10 2019

285924

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2019 - 245 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Style MB LLCTelephone: 8432865253Address: 129 Coachman Ln

Fax: _____

Surfside Beach, SC 29575

Other: _____

Email: rideinstylemb@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
JUL 10 2019
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 7/8/2019

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Style MB LLC dba Ride in Style
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
- 129 Coachman Ln Surfside Beach, SC 29575
Street Address of Applicant
- Mailing Address of Applicant (if different from street address)
- 8432865253
Phone Fax
- rideinstylemb@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Matthew L Lake 129 Coachman Ln Surfside Beach, SC 29575

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="18,000"/>	Loans Owed on Motor Vehicles	<input type="text" value="17,000"/>
Cash on Hand	<input type="text" value="1,000"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text" value="17,000"/>
Total Assets	<input type="text" value="19,000"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:**\$75 one way trip*****\$125 scheduled round trip*****\$99 per hour - 1 hour minimum****\$75 per hour - 4 hour minimum**

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTEThis form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Style MB LLC dba Ride in Style

Name of Applicant

129 Coachman Ln Surfside Beach, SC 29575

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**Liability Insurance \$ 4912Limits \$500,000/\$1,000,000/\$500,000The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

Progressive Insurance via Farm Bureau SC

Name of Insurance Company

401 Dozier St Georgetown, SC 29440

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Progressive.
P.O. Box 94739
Cleveland, OH 44101

PROGRESSIVE
COMMERCIAL

STYLE MB LLC
129 COACHMAN LN
MYRTLE BEACH, SC 29575

Underwritten by:
Progressive Northern Insurance Co
June 19, 2019
Policy Period: Jun 19, 2019 - Jun 19, 2020
Page 1 of 3

Customer Phone number: 1-216-224-8339

Commercial Auto Insurance Quote

Dear STYLE MB LLC,
Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

What you get

You get affordable rates, savings opportunities around safe driving and business experience, and nationally recognized claims service that keeps you and your business on the road. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us. Our number is 1-888-814-6494, or you can visit us at progressivecommercial.com.

How you get it

If you're comfortable with your quote, please call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

Policy information

Business type: Passenger Transportation (For Hire)
Sub business type: Black Car Services

STYLE MB LLC
Page2 of 3**Quote for 12 month policy period**

If you pay your premium in full, you will receive a discount as shown:

Total policy premium	\$5,658.00
PaId in full discount	-746.00
Policy premium if paid in full	\$4,912.00

Payment plans

Payment Method: 11 Payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
12 Payments, 8.33% Down	\$5,658.00	\$473.15	11 payments of \$477.35
11 Payments, 9.09% Down	\$5,658.00	\$516.13	10 payments of \$520.19
10 Payments, 10.0% Down	\$5,658.00	\$567.60	9 payments of \$571.60
11 Payments, 12.5% Down	\$5,658.00	\$709.00	10 payments of \$500.90
11 Payments, 16.67% Down	\$5,658.00	\$944.86	10 payments of \$477.32
10 Payments, 20.0% Down	\$5,658.00	\$1,133.20	9 payments of \$508.76
6 Pay, Seasonal, 20.0% Down	\$5,658.00	\$1,133.20	5 payments of \$910.96
10 Payments, 25.0% Down	\$5,658.00	\$1,416.00	9 payments of \$477.34
4 Pay, Seasonal, 25.0% Down	\$5,658.00	\$1,416.00	3 payments of \$1,420.00

Make payments by mail or at progressivecommercial.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
12 Payments, 8.33% Down	\$5,658.00	\$473.15	11 payments of \$477.35
11 Payments, 9.09% Down	\$5,658.00	\$516.13	10 payments of \$520.19
10 Payments, 10.0% Down	\$5,658.00	\$567.60	9 payments of \$571.60
11 Payments, 12.5% Down	\$5,658.00	\$709.00	10 payments of \$500.90
11 Payments, 16.67% Down	\$5,658.00	\$944.86	10 payments of \$477.32
10 Payments, 20.0% Down	\$5,658.00	\$1,133.20	9 payments of \$508.76
6 Pay, Seasonal, 20.0% Down	\$5,658.00	\$1,133.20	5 payments of \$910.96
10 Payments, 25.0% Down	\$5,658.00	\$1,416.00	9 payments of \$477.34
4 Pay, Seasonal, 25.0% Down	\$5,658.00	\$1,416.00	3 payments of \$1,420.00
4 Pay, Quarterly, 25.0% Down	\$5,658.00	\$1,416.00	3 payments of \$1,420.00
1 Payment	\$4,912.00	\$4,912.00	None
OPF	\$5,658.00	\$5,658.00	None
2 Payments, 50.0% Down	\$5,658.00	\$2,830.00	1 payment of \$2,834.00

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at . Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
MATTHEW LAKE	33	Married	0	
JENNIFER LAKE	45	Married	0	

STYLE MB LLC
Page 3 of 3**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$4,464
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			354
Bodily Injury	\$500,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			313
Bodily Injury	\$300,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$1,000 each person		38
Comprehensive			109
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			268
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			67
See Auto Coverage Schedule			
Roadside Assistance			43
See Auto Coverage Schedule			
Subtotal policy premium			\$5,656
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium and fees			\$5,658

Auto coverage schedule

1. **2008 CADILLAC ESCALADE** Stated Amount: * \$20,000 (including Permanently Attached Equip)
VIN: 1GYFK6682BR165991 Garaging Zip Code: 29575 Territory: 14 Radius: 50 miles
Personal use: Y Body type: Sport Utility Vehicle Use class: J

Liability Premium	Liability	UM	UIM	UM PD	UIM PD	Med Pay
	\$4464	\$333	\$305	\$21	\$8	\$38
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium		
	\$1,000	\$109	\$1,000	\$268		
Other Coverages Premium	Rental Unit	Rental Premium	Roadside Unit	Roadside Premium		Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$43		\$5,656

*A vehicle's stated amount should indicate its current retail value, including any special or permanently-attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Form QTE (05/08)

Exhibit Fit, Willing, and Able (FWA)

Style MB LLC dba Ride in Style
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here;

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

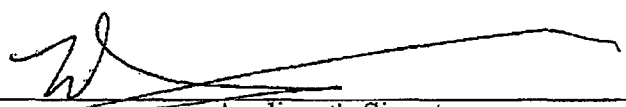
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature


Matthew L Lake, Member

Title of Applicant (e.g. President, Owner, etc.)

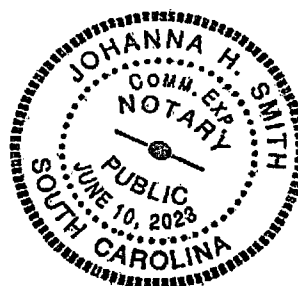
STATE OF SOUTH CAROLINA)

COUNTY OF Georgetown)

This 8 SWORN TO BEFORE ME day of July, 2019


Notary Public

Commission Expires 6/10/23



Print Application

Filing ID: 190514-0916576

Filing Date: 05/13/2019

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Style MB LLC.

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LEC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
129 COACHMAN LN

(Street Address)

MYRTLE BEACH, South Carolina 29575

(City, State, Zip Code)

3. The initial agent for service of process is

Matthew L Lake

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
129 COACHMAN LN

(Street Address)

Surfside Beach

South Carolina 29575

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

MATTHEW L LAKE

(Name)

129 COACHMAN LN

(Street Address)

MYRTLE BEACH, South Carolina 29575

(City, State, Zip Code)

Style MB LLO

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

Style MB LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Matthew L. Lake

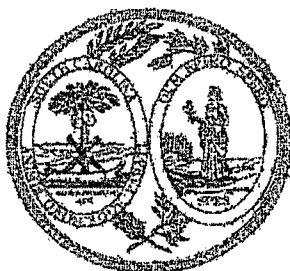
Signature of Organizer

Date: 05/13/2019

Signature of Organizer

Date:

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Style MB LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 13th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 9th day
of July, 2019.

A handwritten signature of Mark Hammond in cursive script.
Mark Hammond, Secretary of State